



## City of Seattle

Department of Planning and Development  
Applicant Services Center  
700 Fifth Avenue, Suite 2000  
P. O. Box 34019  
Seattle, WA 98124-4019  
206-684-8850

### DPD Screening Checklist for Minor Communication Utility Collocated in Right-of-Way and on Private Property Drop Off Submittal SIDE 1 TO BE COMPLETED BY THE APPLICANT (Please Print)

Project/Site Address: \_\_\_\_\_ Project No: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Phone No.: ( ) \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> <b>SMC 15.32.300</b> Attachments to City-Owned Poles | <input type="checkbox"/> <b>SMC 25.09</b> Regulations for Environmentally Critical Areas (ECA) |
| <input type="checkbox"/> <b>SMC 23.57</b> Communication Regulations           | <input type="checkbox"/> <b>SMC 25.05.800.AA</b> Personal Wireless Service Facilities          |

#### Application Considerations

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Application meets CAM 106                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Project in ECA                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Project in Shoreline                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Antenna Height                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Right-of-Way designation (Arterial/Non-Arterial) |
| <input type="checkbox"/> | <input type="checkbox"/> | Historical Review District or Landmark           |

#### Type of Plans to be Submitted:

- | Req.                                | Prov.                    |   |
|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Coversheet for each set of plans  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Architectural/Notes   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Land Use Notes  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Plot/Site Plan  |
| <input type="checkbox"/>            | <input type="checkbox"/> | Licensed Topographic Survey with 2' contours (if in ECA or within 2' of height limit or using Sloping lot height bonus) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor Plan(s)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Elevations  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Building cross sections   |

#### Number of Plans Required at Application:

- |                                     |                          |   |
|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3 sets SEPA/ACU                                       |
| <input type="checkbox"/>            | <input type="checkbox"/> | 2 additional sets (Shoreline Substantial Development) |

#### Additional Submittals:

- | Req                                 | Prov                     |   |
|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Copy of Completed Address Records Worksheet   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pre-Application Site Visit Report   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | SEPA Checklist  |
| <input type="checkbox"/>            | <input type="checkbox"/> | Administrative Conditional Use Application (CAM 211A)                                   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Seattle City Light Review and Recommendation Memo                                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Statement FCC Compliance for Personal Wireless Service Facilities (Stamped)             |
| <input type="checkbox"/>            | <input type="checkbox"/> | Critical Area Exemption Approval (CAM 327)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Drop-Off Submittal Fee Worksheet(s)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Financial Responsibility Form   |
| <input type="checkbox"/>            | <input type="checkbox"/> | Agent's Letter of Authorization from owner  |
| <input type="checkbox"/>            | <input type="checkbox"/> | Building Grade Sheet if unimproved Street   |
| <input type="checkbox"/>            | <input type="checkbox"/> | No Protest Agreement (Covenant Consenting to Formation of a Local Improvement District) |
| <input type="checkbox"/>            | <input type="checkbox"/> | Legal Building Site Letter  |
| <input type="checkbox"/>            | <input type="checkbox"/> | Copy of Recorded Short Plat or LBA  |
| <input type="checkbox"/>            | <input type="checkbox"/> | Side Yard Easement  |
| <input type="checkbox"/>            | <input type="checkbox"/> | Accessory Structure Agreement   |
| <input type="checkbox"/>            | <input type="checkbox"/> | Geological Soils Report   |

#### Project Information

SEPA: ☐ Yes ☐ No      Administrative Conditional Use: ☐ Yes ☐ No  
Recommendation to Seattle City Light Required: ☐ Yes ☐ No  
Existing Use(s) per Land Use Code: \_\_\_\_\_  
Zoning Designation of Parcel(s): \_\_\_\_\_  
Overlays (see Addressing Records Worksheet): \_\_\_\_\_

I verify that I am submitting all of the above required submittals and I acknowledge that failure to submit all of these requirements will jeopardize my ability to use the "Drop Off Submittal Process" and be considered as a "not approved" for my CPA rating. In addition, I understand a submittal not in compliance with the above will result in the project being returned to the undersigned applicant as "APPLICATION NOT COMPLETE". Fees paid with this "Drop Off" do not ensure an application but will be applied toward the "complete application" for this project when it is accepted as either a drop off or latter as part of an appointment.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## DPD Use Only

Date Plan Submitted for Intake: \_\_\_\_\_

**Project Category:** L

**Type of Plan:** ☐ LL ☐ LS ☐ LM ☐ LC

Date of Receipt: \_\_\_\_\_ Receipt Number: \_\_\_\_\_ Receipt Amount: \_\_\_\_\_

Project Type	Description
EC	Installation of Panel Antenna on City Light Pole # _____ in R-O-W: Equipment Cabinet
O	located on Private Property in (existing/new) Accessory Structure
EC	Installation of Panel Antenna on City Light Pole # _____ and equipment cabinet all located in
O	Right-of-Way.

**Routing Locations:**

REQ	CODE	LOCATON	REQ	CODE	LOCATION
<input checked="" type="checkbox"/>	LSD	Seattle Dept of Transportation	<input checked="" type="checkbox"/>	LRGSIGN	Environmental Sign
<input checked="" type="checkbox"/>	OCF	Seattle City Light	<input checked="" type="checkbox"/>	SP	Screener (Land Use)
<input checked="" type="checkbox"/>	LURS	Land Use Planner	<input checked="" type="checkbox"/>	LI	Land Use Intake
<input checked="" type="checkbox"/>	Z	Zoning	<input type="checkbox"/>	P	Parks
<input checked="" type="checkbox"/>	LH	Seattle Health Dept.	<input type="checkbox"/>		

**Comments & Notes:**

**PF 15/16 Public/Private**

MASTER USE PERMIT for future installation of a minor communication utility. Utility to consist of \_\_\_\_\_ panel antennas location within the right-of-way (\_\_\_\_\_) atop a City Light pole and a \_\_\_\_\_ sq. ft. electrical equipment cabinet to be located on private property within the existing/new accessory structure. (Parking to be relocated \_\_\_\_\_)

COMPONENT	COMP	SUB	DESCRIPTION	CITATION
SF	CU	SO	To allow a minor com utility in a S5 Zone	23.57.010C
	CU	S02	Recommendation to SCL	15.32.300
	SH			
MF	CU	SO	Recommendation to SCL	15.32.300
	SH			

**PF 15/16 Private**

MASTER USE PERMIT for future installation of a minor communication utility (\_\_\_\_\_) to consist of \_\_\_\_\_ panel antennas located atop a City Light Pole, and a \_\_\_\_\_ sq. ft. electrical equipment cabinet storage pad all located within the right-of-way.

COMPONENT	COMP	SUB	DESCRIPTION	CITATION
	CU	SO	Recommendation to SCL	15.32.300
	SH			

DPD LU Screener: \_\_\_\_\_ DPD O/S Screener: \_\_\_\_\_ Date: \_\_\_\_\_

IP Hours: \_\_\_\_\_ Land Use: \_\_\_\_\_

## Comments